Medicare Limits Nursing Home Coverage

Senior Health Insurance Information Program

Ask SHIIP

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Regional Program Manager

Q: My wife recently suffered a stroke. She spent 19 days in the hospital. The first 5 days were spent in the neurological unit then she was moved for 14 days to the transitional care unit of the hospital. They said she wasn't progressing as quickly as expected and transferred her to a skilled nursing facility at a local nursing home. The nursing home admissions person told me that after 6 days I would have to start paying for her care. Shouldn't Medicare be paying for this?

A: Medicare Part A covers up to a 100 days per benefit period in a skilled nursing facility as long as a patient meets Medicare's requirements.

A benefit period begins when someone enters the hospital and ends when that person has been out of the hospital and/or skilled nursing facility for at least 60 days.

For the first 20 days in a skilled nursing facility, there is no co-pay for covered services. For days 21 – 100 there is a co-pay of $105 per day (in 2003). There may also be other expenses not covered by Medicare that the facility may charge you for (telephone charges, laundry fees, etc.).

It sounds like your wife already used up some of her Medicare skilled nursing facility days at the hospital in the transitional care unit. Many hospitals now have this type of unit that functions as an in-house skilled nursing facility. Since your wife stayed 14 days in the transitional care unit, after 6 days in the new skilled care facility you will hit the 21 day mark and begin to pay the $105 per day co-pay.

Medicare Part A may pay up to 100 days, but this does not guarantee that Medicare will approve 100 days of coverage. Medicare will determine continued coverage based on your wife's condition, the type of care she needs, and how she is progressing. Her doctor must also determine that she needs skilled care on a daily basis. Examples of skilled care include changing sterile dressings and physical therapy. This skilled care must be managed, observed, and evaluated by skilled nursing or rehabilitation staff.

Medicare will **not** pay for care classified as custodial care if it is the only type of care needed. Custodial care means help with the activities of daily living such as bathing, getting in and out of bed, dressing, eating, and using the bathroom.

Maintain close communications with the staff at the skilled nursing facility to determine how much coverage Medicare will continue to approve. You must be given a written notice a minimum of one day before your wife's Medicare coverage ends.

For any deductibles, co-pays, and uncovered services you need to check any Medigap (Medicare Supplemental) insurance or any secondary insurance through a former employer or union to see what they will cover. You should also check with other types of insurance you may have to see if they have any long-term care coverage.

For more information on Medicare skilled nursing facility coverage call 1-800-MEDICARE and ask for publication # 10153 or view it on online at www.medicare.gov.

Address your questions to:

Ask SHIIP
311 W. Washington Street
Ste. 300
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Or www.in.gov/shiip/idoi
1-800-452-4800

SHIIP is a free, unbiased counseling program provided by the Indiana State Department of Insurance. For assistance, call your local SHIIP site to make an appointment or call the state office at 1-800-452-4800 to obtain a list of local SHIIP sites.